

1256

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>844</u>	
County <u>Yuma</u>		State <u>Arizona</u>		Local Registrar's No. <u>26</u>	
District or Township <u>Yuma</u>		or Village _____		or _____	
City <u>Yuma</u>		No. <u>Yuma General Hospital</u>		Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>James Andrew Ketcherside</u>					
(a) Residence, No. <u>644 Second Ave</u>		St. _____		Ward _____	
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred <u>28</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>married</u> (Write the word)			
5a. If married, widowed, or divorced HUSBAND of <u>Posie Ketcherside</u> (or) WIFE of <u>June 21-1874</u>					
6. DATE OF BIRTH (month, day and year) <u>June 21-1874</u>					
7. AGE	Years <u>55</u>	Months <u>7</u>	Days <u>27</u>	IF LESS than day _____ hr. or _____ min.	
8. OCCUPATION OF DECEASED <u>Physician</u> (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>Self</u> (c) Name of employer <u>None</u>					
9. BIRTHPLACE (city or town) <u>Yuma</u> (State or country) <u>Arizona</u>					
10. NAME OF FATHER <u>Charles B. Ketcherside</u>					
11. BIRTHPLACE OF FATHER <u>Georgia</u> (State or country) (city or town)					
12. MAIDEN NAME OF MOTHER <u>Eliza J. Addison</u>					
13. BIRTHPLACE OF MOTHER <u>Georgia</u> (State or country) (city or town)					
14. Informant <u>O. Johnson</u> (Address) <u>Yuma Arizona</u>					
15. Filed <u>Feb 22 1936</u> <u>Mary A. Huffer</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Feb 18</u> 19 <u>36</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>36</u> to <u>Feb 18</u> , 19 <u>36</u> that I last saw him alive on <u>Feb 18</u> , 19 <u>36</u> and that death occurred, on the date stated above, at <u>9:30 P.</u> The CAUSE OF DEATH* was as follows: <u>Angina pectoris</u> (duration) <u>7</u> yrs. mos. ds. CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds. 18. Where was disease contracted _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis <u>clinical findings</u> (Signed) <u>John W. Stacey</u> , M. D. <u>2-18-1936</u> (Address) <u>Yuma Arizona</u> * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u>				DATE OF BURIAL <u>2/22-36</u>	
20. UNDERTAKER <u>O. Johnson</u>				ADDRESS <u>Yuma Arizona</u>	